

Issuance #

# 2025 TEMPORARY FOOD SERVICE APPLICATION / PERMIT

## KANE COUNTY HEALTH DEPARTMENT

Please call ahead for office hours or visit us at [www.kanehealth.com](http://www.kanehealth.com)

1240 N. Highland Avenue, Suite 5, Aurora, IL 60506, Phone (630) 444-3040, Fax (630) 897-8123

1750 Grandstand Place, Suite 2, Elgin, IL 60123, Phone (630) 444-3040, Fax (847) 888-6458

Name of Event \_\_\_\_\_ Location \_\_\_\_\_

Name of Food Vendor/Organization \_\_\_\_\_ Dates/Times \_\_\_\_\_

Menu & Food Sources \_\_\_\_\_

Food to be prepared at \_\_\_\_\_ Method of Cooking/Hot Holding \_\_\_\_\_

<u>Food Protection</u>	<u>Source of Water</u>	<u>On-site Utensil Cleaning</u>	<u>Method of Handwashing</u>	<u>Environmental Protection</u>
<input type="checkbox"/> off ground	<input type="checkbox"/> public	<input type="checkbox"/> extra utensils	<input type="checkbox"/> hand sink	<input type="checkbox"/> tent <input type="checkbox"/> covered containers
<input type="checkbox"/> covered	<input type="checkbox"/> private well	<input type="checkbox"/> 3 compartment sink	<input type="checkbox"/> spigotted thermos	<input type="checkbox"/> trailer <input type="checkbox"/> indoors
<input type="checkbox"/> sneeze shield	<input type="checkbox"/> transported	<input type="checkbox"/> 3 containers	<input type="checkbox"/> dispensed soap	<input type="checkbox"/> umbrella
		Sanitizer type _____	<input type="checkbox"/> paper towels	<input type="checkbox"/> individually wrapped
			<input type="checkbox"/> catch bucket	<input type="checkbox"/> prepackaged

### \* Electrical Refrigeration Required

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The appropriate permit fee (see below) is required per event for each temporary food service establishment. **THERE WILL BE AN ADDITIONAL FEE OF \$65.00 FOR ANY APPLICATION AND PAYMENT RECEIVED WITHIN FIVE (5) BUSINESS DAYS OF EVENT OR CELEBRATION.**

This permit is not valid until signed and numbered by Health Department personnel and/or a satisfactory inspection has been completed. **INCOMPLETED APPLICATIONS WILL BE RETURNED FOR COMPLETION BEFORE THE PERMIT IS APPROVED.** This permit is only valid for the dates indicated above or for two consecutive weekends at the same event and is not transferable to another person, location or event.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE READ AND AGREED TO ABIDE BY THE ENCLOSED TEMPORARY FOOD SERVICE REGULATIONS.**

Contact person (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Area Code) Phone \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*

Inspection Comments: \_\_\_\_\_ Date: \_\_\_\_\_

	3-Comp	ppm
	Wiping Cloth	ppm

Follow-up Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Temperatures:

Item	Temp	Item	Temp

Received by \_\_\_\_\_

Sanitarian \_\_\_\_\_

**\*\* Office Use Only \*\***

For Profit \$176.00  Free to Public Potentially

Sampling \$31.00  Hazardous Food \$48.00

Fundraising \$83.00  Free to Public Non-

Potentially Hazardous Foods

Additional Fee \$65.00  \$0.00

**FEE RECEIVED** \_\_\_\_\_

Inspected Event Yes / No (circle one)